

STATE OF NEW YORK
WORKERS' COMPENSATION BOARD
PO Box 5205 - Binghamton, NY 13902-5205

COVER SHEET - REBUTTAL OF APPLICATION FOR BOARD REVIEW

WCB Case Number(s)	Carrier Case Number(s)	Carrier Code	Carrier's Name	Date of Injury
Claimant's Name			Address	

TO THE SENDER: This Rebuttal of an Application for Board Review may be filed with the Board by fax (1-877-533-0337; see Subject No. 046-144), e-mail (wcbclaimsfilings@wcb.ny.gov); see Subject Nos. 046-144 and 046-375), personal delivery to a Board District Office, or by mailing to one of the Board addresses listed at the top of this page. A copy of this Rebuttal must be served on all parties in interest. Sections 1 and 2 on the reverse side of this form must be completed. The failure to supply all information requested by this form may result in dismissal of the Rebuttal.

1. This rebuttal is made on behalf of:
 Claimant Employer/Carrier _____ Special Funds Uninsured Employers' Fund
(name)

2. This rebuttal is in response to an application for: Review of WCLJ Decision (WCL § 23 and 12 NYCRR 300.13)
(choose only one) Rehearing or Reopening (12 NYCRR 300.14)

3. The application was served upon the above cited party on: _____

4. The filing date of the decision which is the subject of the application is: _____

5. This rebuttal contends that the:

Application should be denied under 12 NYCRR 300.13(e).
 Decision should be administratively corrected to read: _____
 Decision should be affirmed in its entirety
 Decision should be modified as to: _____

6. As to the finding(s) of fact and/or conclusion(s) of law made in the decision, this rebuttal contends:

7. Does the record cited in the application constitute the full record for review?: Yes No

If Yes, do you rest on that record?: Yes No

If No, and you contend that the record cited in the application does **not** constitute the full record for review, provide below the additional hearings, documents, and transcripts in the WCB's electronic file that are relevant to the issue(s) and ground(s) raised in the application, were **not** cited on the application, and complete the record for review:

Hearings: provide date(s) where issue(s) was raised before the Workers' Compensation Law Judge and evidence presented pertaining to the issue(s) and ground(s) raised and document ID number if applicable. If hearing minutes have not been transcribed, so indicate:

Documents: provide name and document ID number:

Transcripts: provide date and document ID number:

Non-Scanable Evidence or Videotape (WMV or AVI format only): provide description:

Certification: By signing this document in the space provided below, I certify that this rebuttal has a good faith basis in law and fact, has been instituted with reasonable grounds, and has been served upon all parties at the addresses listed in the affirmation or affidavit of service below. I understand that the Workers' Compensation Law provides for substantial penalties for instituting or continuing proceedings without reasonable grounds and/or for the purpose of delay. I understand that if the application for Board review is withdrawn for any reason or if any of the issues raised are resolved by the parties, the Board and the parties served must be notified immediately in writing.

Signature of Person Preparing Form _____ Date ____/____/____

Print Name _____ Title _____ Phone Number (____) _____

SECTION 1	AFFIRMATION
STATE OF NEW YORK, COUNTY OF _____ ss: I, the undersigned, am an attorney duly admitted to the practice of law in the courts of the state of New York. I hereby certify that I have complied with the filing and service requirements for this Rebuttal of an Application for Board Review in the manner described in Section 2 below.	
I affirm that the foregoing statements are true under penalties of perjury.	
Dated _____ Signature _____	
Signer's Name (Print) _____	

AFFIDAVIT	
STATE OF NEW YORK, COUNTY OF _____ ss: I, _____, being duly sworn, say: I am over 18 years of age. I hereby certify that I have complied with the filing and service requirements for this Rebuttal of an Application for Board Review in the manner described in Section 2 below.	
Sworn to before me on _____	Signature _____
_____ Notary Public	Signer's Name (Print) _____
SECTION 2	
A. Method by which Rebuttal was Filed with the Board (Check One):	
<input type="checkbox"/> Fax (1-877-533-0337) <input type="checkbox"/> E-Mail (wcbclaimsfilings@wcb.ny.gov) <input type="checkbox"/> Mail (specify date below) <input type="checkbox"/> Personal Delivery (specify date below)	
Date of Mailing: _____ Date of Personal Delivery: _____	
B. Method of Service on the Parties (Check One): <input type="checkbox"/> Mail <input type="checkbox"/> Personal Delivery	
Specify Date of Mailing or Personal Delivery _____	
C. Names and addresses of all Parties Served: (Attach additional sheets if necessary.)	